

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048554

STATE FILE NUMBER

Registration District No. 173 Primary Registration District No. 4272 Registrar's No. 86

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10540

21540

3

4 0

5 1

6

7 0

8 2

4272

10

11

12 7-0

13 8-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 17 1963

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Waverly

Length of stay in 1b
6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Kelling Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

c. CITY
OR TOWN Blackburn,

d. STREET
ADDRESS

(If outside, give location)

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Herman

Middle Cord

Last Brunkhorst

4. DATE
OF DEATH

Month Dec.

Day 9

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-3-1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

7 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10b. KIND OF BUSINESS OR INDUSTRY

Merchandise Business

11. BIRTHPLACE (City and state or country)

Stover, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John H. Brunkhorst

13b. MOTHER'S MAIDEN NAME

Emma Boeschen

14. NAME OF HUSBAND OR WIFE

Edna Meyer Brunkhorst

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Edna Brunkhorst Blackburn, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for each of the three lines)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

chronic myocarditis with decompensation

INTERVAL BETWEEN
ONSET AND DEATH

??

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

parksonian syndrome

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/27/62 to 12/9/63 and last saw him alive on 12/9/63
Death occurred at 2:50 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Douglas Kelling M.D.

(Degree or title)

22b. ADDRESS

Waverly, Missouri

22c. DATE SIGNED

12/12/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12-11-1963

23c. NAME OF CEMETERY OR CREMATORY

Blackburn Cemetery

23d. LOCATION (City, town, or county)

Blackburn, Mo.

(State)

24. FUNERAL DIRECTOR

Forrest A. Hoefer Higginsville, Mo.

ADDRESS

25. DATE REC'D. BY LOCAL REG.

12-13-1963

26. REGISTRAR'S SIGNATURE

Lutis Gordon Jordan

USE BLACK INK

OR
TYPEWRITER RIBBON

DEC 20 1966

AUG 24 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No: _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest R. Hoefer

Licensed Embalmer No. 4358

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.